

HOUSE BILL 727

48TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2007

INTRODUCED BY

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AN ACT

RELATING TO BEHAVIORAL HEALTH; REVISING THE MEMBERSHIP OF THE INTERAGENCY BEHAVIORAL HEALTH PURCHASING COLLABORATIVE; PROVIDING FOR RULEMAKING AUTHORITY; REQUIRING A SEPARATELY IDENTIFIABLE BUDGET REQUEST FOR BEHAVIORAL HEALTH SERVICES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

Section 1. Section 9-7-6.4 NMSA 1978 (being Laws 2004, Chapter 46, Section 8) is amended to read:

"9-7-6.4. INTERAGENCY BEHAVIORAL HEALTH PURCHASING COLLABORATIVE.--

~~[A. There is created the "interagency behavioral health purchasing collaborative", consisting of the secretaries of human services, health, corrections, children, youth and families, finance and administration, labor, public education and transportation; the directors of the state agency on aging,~~

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1 ~~the administrative office of the courts, the New Mexico office~~  
2 ~~of Indian affairs, the New Mexico mortgage finance authority,~~  
3 ~~the governor's committee on concerns of the handicapped, the~~  
4 ~~developmental disabilities planning council, the vocational~~  
5 ~~rehabilitation division of the public education department and~~  
6 ~~the New Mexico health policy commission; and the governor's~~  
7 ~~health policy coordinator, or their designees. The~~  
8 ~~collaborative shall be chaired by the secretary of human~~  
9 ~~services with the respective secretaries of health and~~  
10 ~~children, youth and families alternating annually as co-~~  
11 ~~chairs.]~~

12 A. The "interagency behavioral health purchasing  
13 collaborative" is created and consists of the following members  
14 or their designees:

15 (1) the secretary of aging and long-term  
16 services;

17 (2) the secretary of health;

18 (3) the secretary of corrections;

19 (4) the secretary of children, youth and  
20 families;

21 (5) the secretary of Indian affairs;

22 (6) the secretary of finance and  
23 administration;

24 (7) the secretary of public education;

25 (8) the director of the governor's commission

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1 on disability;

2 (9) the administrator of the developmental  
3 disabilities planning council; and

4 (10) the administrator of the New Mexico  
5 health policy commission.

6 B. The collaborative shall include the following  
7 non-voting members:

8 (1) the chair of the legislative health and  
9 human services committee;

10 (2) the vice chair of the legislative health  
11 and human services committee;

12 (3) a member of the house of representatives  
13 from a party other than the one to which the chair of the  
14 legislative health and human services committee belongs,  
15 appointed by the speaker of the house of representatives;

16 (4) a member of the senate from a party other  
17 than the one to which the vice chair of the legislative health  
18 and human services committee belongs, appointed by the  
19 president pro tempore of the senate; and

20 (5) four members selected by the  
21 collaborative, with the governor's consent, representing other  
22 state agencies.

23 C. The collaborative is administratively attached  
24 to the human services department. The governor shall appoint a  
25 chair of the collaborative for a two-year period, subject to

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1 confirmation by the senate. The collaborative shall elect a  
2 vice chair from among its members.

3 ~~[B.]~~ D. The collaborative shall meet regularly and  
4 at the call of ~~[either co-chair]~~ the chair and shall:

5 (1) identify behavioral health needs  
6 statewide, with an emphasis on that hiatus between needs and  
7 services set forth in the department of health's gap analysis  
8 and in on-going needs assessments, and develop a master plan  
9 for statewide delivery of services;

10 (2) give special attention to regional  
11 differences, including cultural, rural, frontier, urban and  
12 border issues;

13 (3) inventory all expenditures for behavioral  
14 health, including mental health and substance abuse;

15 (4) plan, design and direct a statewide  
16 behavioral health system, ensuring both availability of  
17 services and efficient use of all behavioral health funding,  
18 taking into consideration funding appropriated to specific  
19 affected departments; and

20 (5) contract for operation of one or more  
21 behavioral health entities to ensure availability of services  
22 throughout the state.

23 ~~[C.]~~ E. The plan for delivery of behavioral health  
24 services shall include specific service plans to address the  
25 needs of infants, children, adolescents, adults and seniors, as

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1 well as to address workforce development and retention and  
2 quality improvement issues. The plan shall be revised every  
3 two years and shall be adopted by the department of health as  
4 part of the statewide health plan.

5 ~~[D-]~~ F. The plan shall take the following  
6 principles into consideration, to the extent practicable and  
7 within available resources:

8 (1) services should be individually centered  
9 and family focused based on principles of individual capacity  
10 for recovery and resiliency;

11 (2) services should be delivered in a  
12 culturally responsive manner in a home or community-based  
13 setting, where possible;

14 (3) services should be delivered in the least  
15 restrictive and most appropriate manner;

16 (4) individualized service planning and case  
17 management should take into consideration individual and family  
18 circumstances, abilities and strengths and be accomplished in  
19 consultation with appropriate family, caregivers and other  
20 persons critical to the individual's life and well-being;

21 (5) services should be coordinated,  
22 accessible, accountable and of high quality;

23 (6) services should be directed by the  
24 individual or family served to the extent possible;

25 (7) services may be consumer or family

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1 provided, as defined by the collaborative;

2 (8) services should include behavioral health  
3 promotion, prevention, early intervention, treatment and  
4 community support; and

5 (9) services should consider regional  
6 differences, including cultural, rural, frontier, urban and  
7 border issues.

8 ~~[E.]~~ G. The collaborative shall seek and consider  
9 suggestions of Native American representatives from Indian  
10 nations, tribes, pueblos and the urban Indian population,  
11 located wholly or partially within New Mexico, in the  
12 development of the plan for delivery of behavioral health  
13 services.

14 H. Pursuant to the State Rules Act, the  
15 collaborative shall adopt rules through the human services  
16 department for:

17 (1) standards of delivery for behavioral  
18 health services provided through contracted behavioral health  
19 entities, including:

- 20 (a) quality management and improvement;  
21 (b) performance measures;  
22 (c) accessibility and availability of  
23 services;  
24 (d) utilization management;  
25 (e) credentialing of providers;

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1                   (f) rights and responsibilities of  
2 consumers and providers;  
3                   (g) clinical treatment and evaluation  
4 and supporting documentation; and  
5                   (h) confidentiality of consumer records;  
6 and

7                   (2) approval of contracts and contract  
8 amendments by the collaborative, including public notice of the  
9 proposed final contract.

10                  I. The collaborative shall, through the human  
11 services department, submit a separately identifiable  
12 consolidated behavioral health budget request. The  
13 collaborative shall only contract for services and programs  
14 from funds appropriated to it by the legislature. Any contract  
15 proposed, negotiated or entered into by the collaborative is  
16 subject to the provisions of the Procurement Code.

17                  J. The collaborative shall, with the consent of the  
18 governor, appoint a "director of behavioral health services".  
19 The director is responsible for the coordination of day-to-day  
20 activities of the collaborative and the behavioral health  
21 services division, including the coordination of staff from the  
22 collaborative member agencies.

23                  K. The collaborative shall provide a quarterly  
24 report to the legislative finance committee on performance  
25 outcome measures. The collaborative shall submit an annual

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1 report to the legislative finance committee and the interim  
2 legislative health and human services committee that provides  
3 information on:

4 (1) the collaborative's progress toward  
5 achieving its strategic plans and goals;

6 (2) the collaborative's performance  
7 information, including contractors and providers; and

8 (3) the number of people receiving services,  
9 the most frequently treated diagnoses, expenditures by type of  
10 service and other aggregate claims data relating to services  
11 rendered and program operations."